

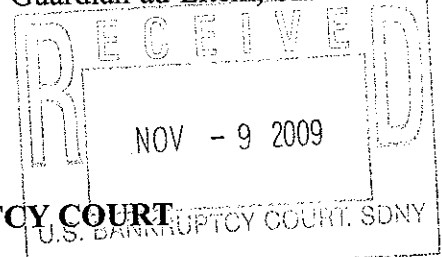
1 Sharon Butler, as Guardian ad Litem for
2 Brooke Alexis Love, a minor
3 in Propria Persona
4 %5990 Sepulveda Boulevard, Suite #330
5 Van Nuys, California 91411-2523
6 (818)779-1720 phone
7 (818)779-1730 Fax

Return Date: November 12, 2009

8 Creditor Brooke Alexis Love, a minor, by and through her Guardian ad Litem, Sharon Butler in
9 Propria Persona

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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK



In re:

MOTORS LIQUIDATION COMPANY
f/k/a GENERAL MOTORS
CORPORATION, et al.,

Debtors.

Chapter 11

Case No.: 09-50026 (REG)
(Jointly Administered)

DECLARATION OF SUZANNE E.
RAND-LEWIS REGARDING STATUS
OF INSURANCE COVERAGE FOR
GENERAL MOTORS CORPORATION

DECLARATION OF SUZANNE E. RAND-LEWIS REGARDING STATUS OF
INSURANCE COVERAGE FOR GENERAL MOTORS CORPORATION

I, SUZANNE E. RAND-LEWIS, declare:

1. I am an attorney, duly licensed to practice in all Courts of the State of California and am an associate with the law offices of Gary Rand & Suzanne E. Rand-Lewis, PLCS, counsel for Brooke Alexis Love, a minor, by and through her Guardian ad Litem, Sharon Butler in her civil lawsuit filed in the Los Angeles County Superior Court, under case No.: YC059488 entitled "*Brooke Alexis Love, a minor, by and through her Guardian ad Litem, Sharon Butler v. Olga Edgar Purington, General Motors Corporation, et al.*".

2. I contacted the California Department of Motor Vehicles-Financial Responsibility Division to inquire about the status of General Motors Corporation's insurance coverage and/or

1 self-insured status. I was advised by the Manager that at no time has General Motors
2 Corporation or Motors Liquidation Company ever been permissibly self-insured in the
3 State of California.

4 3. I sent a Declaration to that effect to the Department of Motor Vehicles, Financial
5 Responsibility Division asking that it be signed; however, I was informed they could not sign
6 such a Declaration absent a court order to do so.

7 4. Therefore, I am requesting this Court order Motors Liquidation Company f/k/a
8 General Motors Corporation to provide a complete and full copy of insurance policy and proof
9 that said entities are permissibly self insured in the State of California which would cover the
10 date of Brooke Alexis Love's injury of January 16, 2008.

11 5. General Motors Corporation produced a Declaration page showing it has insurance
12 coverage with National Union Fire Insurance Company of Pittsburgh, with a policy limit of
13 \$300,000 for which General Motors Corporation paid National Union Fire Insurance Company
14 of Pittsburgh a premium of \$75,036. However, now General Motors Corporation is claiming it
15 is in fact not covered by this insurance policy with National Union Fire Insurance Company of
16 Pittsburgh but is self-insured up to \$300,000 . However, to date, counsel for General Motors
17 Corporation has never produced proof of self-insurance status from the State of California as
18 required by law. In fact, no evidence is attached to General Motors Corporation's Opposition to
19 establish same.

20 6. At no time during communications with Sharon Brown, Claims Administrator for
21 ESIS/GM Claims did she indicate there was no insurance coverage and that in fact General
22 Motors Corporation was self-insured. In fact, on October 15, 2008, Ms. Brown directed a letter
23 to my office stating in pertinent part:

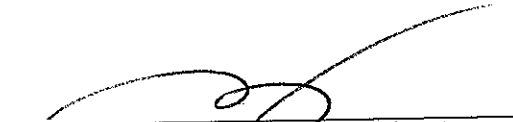
24 *"Please note that General Motors Corporation has adequate*
25 *coverage through insurance and self-insurance to satisfy this loss."*

26 Attached hereto and incorporated herein by this reference is a copy of said letter marked **Exhibit**
27 **"A"**.

1 7. Absent competent evidence that said entities are permissibly self-insured, this Court
2 must grant the instant motion.

3 I declare under penalty of perjury that the foregoing is true and correct.

4 Executed this 6th day of November, 2009 at Van Nuys, California.

5
6 
7 Suzanne E. Rand-Lewis, Esq.



esis

ESIS
ESIS/GM Claims
PO Box 300
MC 482 C19 B61
Detroit, MI 48265

313-665-3404 tel
313-665-0911 fax

www.esis.com

Sharon Brown
Claims Administrator

October 15, 2008

Gary Rand
Attorney at law
5990 Sepulveda Blvd. Suite 330
Van Nuys, CA 91411

RE: File Number: 8215-642783
 Date of Event: 01/16/2008
 Claimant: Brooke A. Love
 Client/Account: General Motors Corporation

Dear Mr. Rand:

This letter is to acknowledge your letter dated August 8, 2008 and to thank you for providing medical documentation. The information provided covered the day of the accident through February 2008. I am requesting any and all additional medical records and bills and the current medical status of Ms. Love.

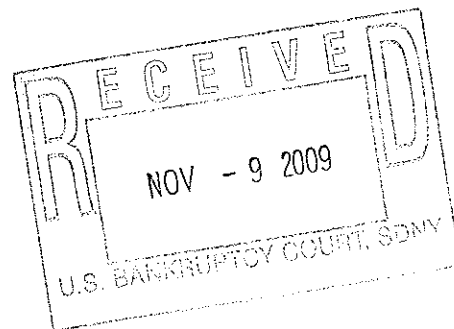
I am also responding to your request regarding the policy limits. I am enclosing a copy of the Business Auto Declaration page for the policy period of 9/1/2007 to 9/1/2008. Please note that General Motors Corporation has adequate coverage through insurance and self insurance to satisfy this loss.

Please contact me if you have any questions. I can be reached at 1-800-888-0164.

Sincerely,


Sharon Brown

Enclosure:
Auto Declaration page





AMERICAN INTERNATIONAL COMPANIES®

70 Pine Street, New York, NY 10270

(212) 770-7000

Coverage is provided by

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
(a capital stock company)

BUSINESS AUTO DECLARATIONS

FORM ONE Named Insured & Mailing Address
GENERAL MOTORS CORPORATION

300 RENAISSANCE CENTER
DETROIT, MI 48265-3000

Producer's Name & Mailing Address
AON RISK SERVICES, INC. OF MI
3000 TOWN CENTER #3000
P O BOX 5156
SOUTHFIELD, MI 48086-5156

FORM OF BUSINESS:

CORPORATION ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL ☐ OTHER _____

POLICY PERIOD: From 09/01/2007 to 09/01/2008 at 12:01 A.M. Standard Time at your mailing address.

RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS STATED IN THIS POLICY.

POLICY PREMIUM: \$ 75,036

Premium for Terrorism Coverage:

\$1,306 Included In Policy Premium

SCHEDULE OF STATE TAXES, FEES AND SURCHARGES, IF APPLICABLE:*

Kentucky	\$99.50
Michigan	\$1.00
New Jersey	\$7.00
New York	\$2,720.00
Texas	\$553.00

Taxes, Fees and Surcharges shown are in addition to the above referenced Policy Premium.

ENDORSEMENTS ATTACHED TO THIS POLICY:

00 17 - Common Policy Conditions (IL 01 46 in Washington)

00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

ATTACHED FORMS SCHEDULE

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS, AND FORMS AND ENDORSEMENTS IF ANY ISSUED TO FORM A PART THEREOF COMPLETE THE ABOVE NUMBERED POLICY

3 06 Includes copyrighted material of Insurance Services Office, Inc., with its permission. ©ISO Properties, Inc., 2005

Date Issued: 10/26/2007

Page 1 of 5

INSURED'S COPY

EM TWO SCHEDULE OF COVERAGE NO COVERED AUTOS Pg 6

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
BILITY	1	\$ 300,000	\$ 75.036
PERSONAL INJURY PROTECTION (equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH PERSONAL INJURY PROTECTION ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT	\$ INCLUDED
ADDED PERSONAL INJURY PROTECTION (or equivalent added fault Coverage)			\$
PROPERTY PROTECTION EXEMPTION (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT.	\$
NO MEDICAL PAYMENTS		\$	\$
ADDITIONAL MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS	2	SEPARATELY STATED IN EACH UNINSURED MOTORISTS ENDORSEMENT	\$ INCLUDED
UNDERINSURED MOTORISTS (not included in Uninsured Motorists Coverage)	2	SEPARATELY STATED IN EACH UNDERINSURED MOTORISTS ENDORSEMENT	\$ INCLUDED
COMPREHENSIVE DAMAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
COMPREHENSIVE DAMAGE EXCLUDED CAUSES OF LOSS DAMAGE		\$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
COMPREHENSIVE DAMAGE EXCLUDED CAUSES OF LOSS DAMAGE		\$ DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
COMPREHENSIVE DAMAGE EXCLUDED CAUSES OF LOSS DAMAGE TOWING LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$ INCLUDED
*ESTIMATED TOTAL PREMIUM			\$ 75.036

*This policy may be subject to final audit.

1 THREE SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION						PURCHASED		TERRITORY
Year, Model, Trade Name, Body Type Serial Number (s) Vehicle Identification Number (VIN)						Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged
PER SCHEDULE ON FILE WITH COMPANY								
CLASSIFICATION								
Radius Of Operation	Business Use S=service R=retail C=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	Code	
EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.								
PER SCHEDULE ON FILE W TH COMPANY								

PROOF OF SERVICE

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

I am employed in Los Angeles County. My business address is 5990 Sepulveda Boulevard, Suite #330, Van Nuys, California 91411-2523. I am over the age of 18 years and am not a party to this cause.

On November 6, 2009, I served the following documents:

**DECLARATION OF SUZANNE E. RAND-LEWIS REGARDING STATUS OF
INSURANCE COVERAGE FOR GENERAL MOTORS CORPORATION**
on:

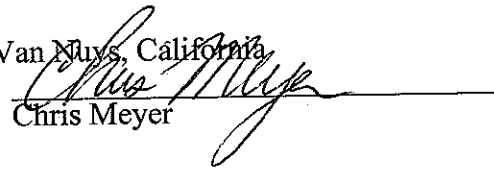
Harvey R. Miller
Stephen Karotkin
Joseph H. Smolinsky, Esq.
David R. Berz
Weil, Gotshal & Manges, LLP
767 Fifth Avenue
New York, New York 10153
FAX No.: (212)310-8007

Monica J. Frasca, Esq.
Dykema Gossett LLP
333 South Grand Avenue, Suite 2100
Los Angeles, California 90071
FAX No.: (213)457-1850

The Garden City Group, Inc.
FAX No.: (631)940-6554 (FAXED ONLY)

- ☒ **BY MAIL**-I placed such envelope/s for collection and mailing on this date following ordinary business practices at Van Nuys, California. The envelope was mailed with postage thereon fully prepaid.
- ☐ **BY PERSONAL SERVICE**-I delivered such envelope by hand to said party at, _____ at _____ m. o'clock.
- ☐ **BY OVERNITE EXPRESS MAIL**-I placed such envelope/s for collection and Overnight Express mail on this date following ordinary business practices directed to the addresses above.
- ☒ **BY FACSIMILE TRANSMISSION**-I caused to be served by facsimile transmission at the number(s) listed above:
- ☐ STATE I declare under penalty of perjury that the foregoing is true and correct.
- ☒ **FEDERAL**: I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Executed on November 6, 2009, at Van Nuys, California


Chris Meyer